

<b>Case Number:</b>	CM14-0056837		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57 year old female with a date of injury on 10/16/2009. The diagnoses include depressive disorder and anxiety disorder. Subjective complaints are of decreased self-confidence, bad thoughts, and fear. Objective exam shows depression, suicidal ideations, high levels of anxiety, and impaired concentration. The patient has attended 5/6 sessions of cognitive behavioral psychotherapy. Submitted request is for 6 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**6 Additional Cognitive Behavior Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Mental Illness & Stress Procedure Summary, (last updated 04/09/2014), Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT, COGNITIVE BEHAVIOR THERAPY Page(s): 101, 23.

**Decision rationale:** The CA MTUS recommend psychological therapy for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain

beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. For this patient, medical reports identify 5 of 6 psychotherapy sessions had been attended, and the records do not establish objective functional improvements. Therefore, the medical necessity for 6 additional psychologist visits is not established.